



DOCKET: FIS920010162US1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

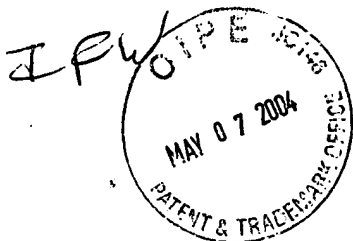
INVENTOR:	Charles L. Arvin et al.)	EXAMINER:	Roberts P. Culbert
)		
SERIAL NO.:	10/016,009)	ART UNIT:	1763
)		
FILING DATE:	October 30, 2001)	DATE:	May 4, 2004
)		
FOR:	A REWORK METHOD)		
	FOR FINISHING			
	METALLURGY ON CHIP			
	CARRIERS			

AMENDMENT

Mail Stop NON-FEE AMENDMENT
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action mailed February 9, 2004, please reconsider the above-identified application in view of the following amendments and remarks.

1763
IBM Docket No. FIS920010162US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Amendment Response/Transmittal

In re application of: Charles L. Arvin et al.

DeLIO & PETERSON, LLC
121 Whitney Avenue
New Haven, CT 06510-1241

Serial No. 10/016,009

Filed: October 30, 2001

For: A REWORK METHOD FOR FINISHING METALLURGY ON CHIP CARRIERS

Mail Stop NON-FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Date: May 4, 2004

Transmitted herewith for filing is an **Amendment/Response** in the above-identified Application.

No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL 10	MINUS	20	= 0
INDEPENDENT 2	MINUS	3	= 0
1ST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS			

Other Than Small Entity	
RATE	ADDITIONAL FEE
x \$ 18.00 =	\$ 0
x \$ 86.00 =	\$ 0
\$290.00	\$
TOTAL	\$ 0

*

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

**

If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the Assignee IBM Corporation Deposit Account No. **09-0458** in the amount of \$ 0. A duplicate copy of this sheet is enclosed.The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **09-0458**. A duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 C.F.R. §1.16.



Any patent application processing fees under 37 C.F.R. §1.17.

☐ CERTIFICATION OF FACSIMILE TRANSMISSION
I hereby certify that this paper is being facsimile transmitted to the Commissioner for Patents on the date shown below.☒ CERTIFICATE OF MAILING UNDER 37 CFR 1.8
I hereby certify that I am depositing the enclosed or attached correspondence with the United States Postal Service as first class mail in an envelope addressed to Mail Stop NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Carol M. Thomas

Name of person mailing paper

Signature
*Carol M. Thomas*May 4, 2004
Date

Respectfully submitted,

BY:

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